

**BEST AVAILABLE COPY**

| POSITION                  | INITIALS | NO. | DATE     |
|---------------------------|----------|-----|----------|
| FEE DETERMINATION         |          |     |          |
| O.I.P.E. CLASSIFIER       | NY       |     | 2-3-01   |
| FORMALITY REVIEW          | Sm       | 879 | 02-22-01 |
| RESPONSE FORMALITY REVIEW | A        | 626 | 05/03/01 |
|                           | AM       | 835 | 7/3/01   |

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim | Date      |
|-------|-----------|
| 1     | 1-67/02   |
| 2     | ✓ 2-29/02 |
| 3     | ✓ 3-6/02  |
| 4     | ✓ 3-11/02 |
| 5     | ✓         |
| 6     |           |
| 7     | ✓         |
| 8     | ✓         |
| 9     | ✓         |
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| Claim | Date |
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If more than 150 claims or 10 pages  
staple additional sheet here

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